

## Certificate of Express Mailing

"Express Mail" Mailing Label Number: **EV216388291US**

Date of Deposit: **02/06/2003**

Ref: Case Docket No.: **P3318D1**

First Named Inventor: **Christopher Clemmett MacLeod Beck et al.**

Serial Number: **09/801,011**

Filing Date: **03/06/2001**

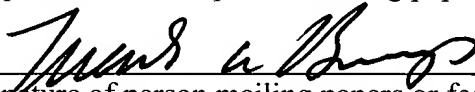
Title of Case: **Interface Engine for Managing Business Processes within a  
Multimedia Communication Center**

I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Washington D.C. 20231

1. Response A.
2. Response transmittal.
3. Duplicate Response transmittal.
4. Certificate of express mailing.
5. Postcard listing contents.

Mark A. Boys

(Typed or printed name of person mailing paper or fee)

A handwritten signature in black ink, appearing to read "Mark A. Boys", written over a horizontal line.

(Signature of person mailing papers or fee)

3629

Method of Transmission: EV216388291US

CASE DOCKET NO. P3318D1

In reference to application of Christopher Clemmètt MacLeod Beck et al.

Serial No. 09/801,011

For Interface Engine for Managing Business Processes within a Multimedia Communication Center

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.  
☐ Applicant claims Small entity status under 37 CFR 1.27.  
☐ The fee has been calculated as shown below.

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**GROUP 3300**

**** CLAIMS AS AMENDED ****							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	2	Minus	** 20	0	\$ 9	\$ 18	\$ 0.00
Indep Claims	1	Minus	*** 3	0	\$ 42	\$ 84	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

\*\* If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\*\* If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

\*\*\*\* Multiple dependencies, if any, included in the above calculation.

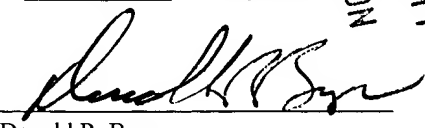
\* If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

☐ A check in the amount of 0.00 is attached.

☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)

☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.

Respectfully Submitted,



Donald R. Boys  
 Reg. No. 35074

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